

**Rule 24 Endorsement**

**Advanced Program Folio Review Report**

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| **Advanced Program and Grade Levels of Endorsement:** | |
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| **Educator Preparation Program** | |
| **Name of Institution:** | |
|  |  |
| **Date of Review:** | |
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Results of this review serve as a recommendation to Nebraska Department of Education (NDE) regarding continuing approval of this program.

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| **Nebraska Department of Education Review**  **For NDE Use Only** | |
| **Date of NDE Review:** |  |
| **NDE Reviewer:** |  |

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| **Met** = Information provided supports that the requirements are adequately addressed.  **Met with Conditions** = The requirements are substantially met; however, the response lacks adequate information and/or a review of the information leads to an inconclusive decision that the standard is met. Institutions will be required to correct the conditions (or file a plan for correction) to maintain State Board approval.  **Not Met** = Required information is not provided and/or information presented does not provide adequate evidence that the standard is met. Institutions are required to address and correct the conditions (or file a plan for correction) to be considered for State Board approval. | | | | | | | | | | | | |
| **Section 1 - ENDORSEMENT PROGRAM/CONTEXTUAL INFORMATION** | | | | | | | | | | | | |
| ***1a. Provide contextual information about the institutions' overall Educator Preparation Program. (Found in Rule 20 Folio)*** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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| ***1b. Provide a table and describe the major standards for admission, retention, transition and completion of the overall teacher education program (Rule 20 Att L), or if applicable, provide unique information specific to the endorsement.*** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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| ***Endorsement program student advising sheets are attached in Appendix A.*** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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| ***1c. Describe all field experiences required for the endorsement, including the number of hours for practicum experiences and the number of hours/weeks of clinical experience or internships. (Rule 20 Att N)*** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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| ***1d. Provide information regarding the number and level of program completers for the data years included in the folio. (Rule 24 Att B)*** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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| **Section 1 Overall Rating** | | | | | | | | | | | | |
|  | Met |  | Met with Conditions |  | Not Met |  |  | | | | | |
| **Reviewer comment which supports decision (brief statement) - Required** | | | | | | | | | | | | |
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| **Section 2 - KEY ASSESSMENTS AND FINDINGS**  *The focus of this section needs to be on findings from key assessments, analysis of data, information about candidate proficiency, and how data was used to inform candidate and program improvement decisions. (Textual information is in Rule 20 Folio Section 005.02, A-J)* | | | | | | | | | | | | |
| **Section 2 - ARTIFACT 1 – Required Key Assessments** | | | | | | | | | | | | |
| 1. **Summary Chart of Key assessments Provided?** | | | | | | | | Yes |  | No |  |  |
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| 1. **Narrative Explanation of each Key Assessment Provided?** | | | | | | | | Yes |  | No |  |  |
| **1. CONTENT KNOWLEDGE** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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|  | Met |  | Met with Conditions |  | Not Met |  |  | | | | | |
| **Reviewer comment which supports decision (brief statement) - Required** | | | | | | | | | | | | |
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| **2. KNOWLEDGE OF LEARNER/LEARNING ENVIRONMENTS** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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|  | Met |  | Met with Conditions |  | Not Met |  |  | | | | | |
| **Reviewer comment which supports decision (brief statement) - Required** | | | | | | | | | | | | |
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| **3. KNOWLEDGE AND EFFECTIVE USE OF PROFESIONAL PRACTICES** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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|  | Met |  | Met with Conditions |  | Not Met |  |  | | | | | |
| **Reviewer comment which supports decision (brief statement) - Required** | | | | | | | | | | | | |
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| **4. PROFESSIONAL RESPONSIBILITY AND OVERALL PROFICIENCY** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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|  | Met |  | Met with Conditions |  | Not Met |  |  | | | | | |
| **Reviewer comment which supports decision (brief statement) - Required** | | | | | | | | | | | | |
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| **Section 2 - ARTIFACT 2 – Data Tables (Required)** | | | | | | | | | | | | |
| *Summarized program completer data for at least two complete academic years for each key assessment used for all candidates in the endorsement program. Reported separately by levels/tracks (baccalaureate, post-baccalaureate, alternate route, Master's, Education Specialist, or Doctorate). Assessment instruments and scoring rubrics for each data table included.* | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
|  | Met |  | Met with Conditions |  | Not Met |  |  | | | | | |
| **Reviewer comment which supports decision (brief statement) - Required** | | | | | | | | | | | | |
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| **Section 2 - ARTIFACT 3 – Narrative Summary of Assessment Data (Required)** | | | | | | | | | | | | |
| **Interpretation/summary of the assessment data from the institution's perspective.** | | | | | | | | | | | | |
| Did the institution provide appropriate information to address this element? | | | | | | | | Yes |  | No |  |  |
| If No, please explain: | | | | | | | | | | | | |
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|  | Met |  | Met with Conditions |  | Not Met |  |  | | | | | |
| **Reviewer comment which supports decision (brief statement) - Required** | | | | | | | | | | | | |
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| **Section 3 - EVALUATION OF THE USE OF ASSESSMENT RESULTS FOR CONTINUOUS IMPROVEMENT** | | | | | | | | | | | | |
| *Discuss endorsement program changes and improvements made to the endorsement program since the last visit as a result of documented assessment data analysis findings and other information related to the endorsement program area. What did the data indicate and what endorsement program changes were made as a result of data analysis? How were decisions made? What has been the effect of these program changes? What future program improvements are planned? What are implications for overall unit improvement initiatives to the endorsement program?* | | | | | | | | | | | | |
| **Evidence that assessment results are evaluated and applied to the improvement of candidate performance and strengthening of the program from documentation provided:** | | | | | | | | | | | | |
|  | Met |  | Met with Conditions |  | Not Met |  |  | | | | | |
| **Reviewer comment which supports decision (brief statement) - Required** | | | | | | | | | | | | |
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| **Section 4 - ADDITIONAL COMMENTS** | | | | | | | | | | | | |
| **Other Comments/Findings/Recommendations not addressed in sections 1-3:** | | | | | | | | | | | | |
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| **Areas for follow up by the on-site visitation team:** | | | | | | | | | | | | |
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| Email Completed form to NDE: marlene.beiermann@nebraska.gov | | | | | | | | | | | | |